



MEDICAL BILLING TECHNICIAN

DEFINITION

Under general supervision, performs paraprofessional, technical, and/or specialized medical billing work requiring advanced knowledge of insurance and program requirements and medical billing processes; audits electronic patient care reports; maintains complex and detailed records; and performs related duties as assigned.

SUPERVISION RECEIVED AND EXERCISED

Receives general supervision from assigned supervisory or management personnel. Exercises no direct supervision over staff.

CLASS CHARACTERISTICS

This is a fully qualified, journey-level classification. Incumbents independently perform the full scope of routine to specialized medical billing support, which requires an advanced level of clerical skill and technical knowledge of medical billing and pre-billing claim procedures. Positions at this level receive only occasional instruction or assistance as new or unusual situations arise and are fully aware of the operating procedures and policies of the work unit.

EXAMPLES OF TYPICAL JOB FUNCTIONS (Illustrative Only)

- Performs routine to specialized medical billing support.
- Review of electronic patient care report documentation for billing purposes.
- Interprets medical billing laws and regulations.
- Identifies discrepancies and reviews source documents to identify errors or omissions; reviews, corrects and submits, or resubmits to contracted biller.
- Reviews payment information for changes in reimbursement rates.
- Reviews correspondence, notices, policies, and procedures from contracted billers and/or payors.
- Identifies changes in eligibility requirements, policies, and procedures.
- Processes medical billing claims; retrieves billing information from specialized billing and/or medical records systems; reviews input for accuracy and compliance with insurance and program requirements; ensures required documentation is attached to claims.
- Provides operational assistance of complex and specialized departmental computer applications to users of the medical billing record system;
- Retrieves data from the medical billing record system and assists department staff in the development of reports.
- Identifies opportunities to improve billing processes and accuracy.
- May answer inquiries, provide information, and resolve complaints from clients, emergency medical transport providers, insurance companies, base hospitals, government agencies, and others.
- May communicate with contracted billers, other departments, and other agencies in the resolution of billing issues and/or denials.
- May process subpoenas and other requests for client records.
- Performs related duties as assigned.

QUALIFICATIONS

Knowledge of:

- Medical terminology including anatomy, physiology, and diagnostic and procedural coding language used in clinical and billing documentation.
- Private insurance, Medi-Cal, Medi-Care, and state reimbursement programs' billing requirements and managed care program arrangements.
- Principles and practices of confidentiality and the Health Insurance Portability and Accountability Act (HIPAA).
- Applicable federal, state, and local laws, regulatory codes, ordinances, and procedures relevant to the medical insurance industry.
- Principles and practices of business correspondence and formatting.
- Principles and practices of file management and case filing systems.
- Principles and techniques for working with groups and fostering effective team interaction to ensure teamwork is conducted smoothly.
- Techniques for providing a high level of customer service by effectively dealing with the public, vendors, contractors, fire departments, hospitals, and other public and private representatives.
- The structure and content of the English language, including the meaning and spelling of words, the rules of composition, and grammar.
- Modern equipment and communication tools used for business functions and program, project, and task coordination.
- Computers and software programs (e.g., Microsoft software packages, specialized medical billing systems, or medical records systems) to conduct, compile, and/or generate documentation.

Ability to:

- Identify and resolve documentation, medical billing errors, and insurance company errors.
- Perform routine to specialized medical billing and clerical work.
- Compose correspondence, notices, and routine documents from notes, instructions, or files.
- Exercise discretion and judgment in performing duties.
- Establish and maintain medical record filing systems and case files.
- Make accurate arithmetic calculations.
- Understand, interpret, and apply all pertinent laws, codes, regulations, policies and procedures, and standards relevant to work performed.
- Effectively represent the division, department and County in meetings with governmental agencies; community groups; various business, professional, and regulatory organizations; and in meetings with individuals.
- Independently organize work, set priorities, meet critical deadlines, and follow up on assignments.
- Effectively use computer systems, software applications, and modern business equipment to perform a variety of work tasks.
- Communicate clearly and concisely, both orally and in writing, using appropriate English grammar and syntax.
- Use tact, initiative, prudence, and independent judgment within general policy, procedural, and legal guidelines.
- Establish, maintain, and foster positive and effective working relationships with those contacted in the course of work.

Education and Experience:

A combination of the required experience, education, and training that would provide the essential knowledge, skills, and abilities is qualifying; however, education may not solely substitute for the required experience.

Equivalent to graduation from high school; and two (2) years of experience processing and interpreting medical billing and coding;

OR

The possession of a certificate from an accredited Medical and Coding certificate program; and six (6) months of experience performing customer service, billing, accounting, or other financial clerical work involving direct interaction with the public.

Licenses and Certifications:

- Possession of, or ability to obtain and maintain, a valid California or Nevada Driver's License and a satisfactory driving record.
- Possession of, or ability to obtain before the completion of the probationary period, a Certified Ambulance Documentation Specialist (CADS) certificate issued by the National Academy of Ambulance Compliance.

PHYSICAL DEMANDS

Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; to operate a motor vehicle and to visit various county and meeting sites; vision to read printed material and a computer screen; and hearing and speech to communicate in person and over the telephone. This is primarily a sedentary office classification, although standing and walking between work areas may be required. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard, typewriter keyboard, or calculator, and to operate standard office equipment. Positions in this classification occasionally bend, stoop, kneel, reach, push, and pull drawers open and closed to retrieve and file information. Employees must possess the ability to lift, carry, push, and pull materials and objects up to 25 pounds. Reasonable accommodations will be made for individuals on a case-by-case basis.

ENVIRONMENTAL CONDITIONS

Employees work primarily in an office environment with moderate noise levels and controlled temperature conditions, with no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives while interpreting and enforcing laws and regulations pertaining to medical billing, as well as departmental policies and procedures.